

APPLICATION FOR LICENSE

CRANE TECHNICIAN

(Licenses issued by Grandfathering)



Department of Professional and Financial Regulation
Office of Licensing and Registration

ELECTRICIANS' EXAMINING BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8457
Hearing Impaired: 1-888-577-6690
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Crane Technician (Licenses issued by Grandfathering)

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- License application and payment for \$140.00 (Make Checks Payable to: Treasurer State of Maine)
 - \$100.00 License Fee
 - \$25.00 Application Fee
 - \$15.00 Criminal Background Check Fee
- Proof of documentation of work experience in installation of cranes and hoists prior to September 18, 1999

Incomplete applications will be returned.

QUALIFICATIONS – A crane technician must have 135 hours of electrical education as approved by the Electricians' Examining Board or from an accredited institution and 2,000 hours of experience. Any person having work experience in the installation of cranes and hoists, as defined by the National Electrical Code, prior to September 18, 1999, qualifies to be licensed as a crane technician. This covers the installation of electrical equipment and wiring used in connection with cranes, monorail hoists, hoists and runways.

CRIMINAL BACKGROUND CHECK - Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

CRANE TECHNICIAN

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STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
ELECTRICIANS' EXAMINING BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8457 FAX: (207)624-8637
HEARING IMPAIRED: 1-888-577-6690

Office Use Only

Cash #: _____

Date Approved: _____

Date Issued: _____

License #: _____

4220-1446 \$25.00

4220-1423 \$100.00

4220-2619 \$15.00

LICENSE FEE: \$100.00
APPLICATION FEE: \$ 25.00 (non-refundable)
CRIMINAL BACKGROUND CHECK FEE: \$ 15.00
TOTAL DUE: \$140.00

PAYMENT OPTIONS:

☐

Check or Money Order Payable to "Treasurer State of Maine".

☐

Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ Exp. Date ____/____/____
in the amount of \$ _____. Signature _____

NOTICE REGARDING PUBLIC INFORMATION. CONTACT

ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant: _____

Contact Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____

Social Security Number: _____

Date of Birth: ____/____/____

Sex: ☐ Male ☐ Female

Any other names used: _____

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

EMPLOYMENT RECORD: In the space provided below, please furnish a record of employment you have had as an **ELECTRICIAN**. Describe in detail the type of electrical work you have performed in each position, including any special duties you have undertaken and any unusual responsibilities you have assumed. Any person having work experience in the installation of cranes and hoists, as defined by the National Electrical Code, prior to 9/18/99, qualifies to be licensed as a crane technician. This covers the installation of electric equipment and wiring used in connection with cranes, monorail hoists, hoists, and all runways. Use your name as it appears on the company's payroll if different from that given on this application. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

PRESENT OR LAST EMPLOYER:

PRESENT OR LAST EMPLOYER _____

YOUR TITLE _____

COMPLETE ADDRESS _____

DATES OF EMPLOYMENT: FROM: MO/YR _____

TO: MO/YR _____

TOTAL HOURS PER WEEK: _____

TOTAL HOURS PER YEAR: _____

DETAIL OF WORK PERFORMED: _____

MAY WE CONTACT THIS EMPLOYER: ☐Yes ☐No

2. EMPLOYER:

PRESENT OR LAST EMPLOYER _____

YOUR TITLE _____

COMPLETE ADDRESS _____

DATES OF EMPLOYMENT: FROM: MO/YR _____

TO: MO/YR _____

TOTAL HOURS PER WEEK: _____

TOTAL HOURS PER YEAR: _____

DETAIL OF WORK PERFORMED: _____

MAY WE CONTACT THIS EMPLOYER: ☐Yes ☐No

3. EMPLOYER:_____
PRESENT OR LAST EMPLOYER_____
YOUR TITLE_____
COMPLETE ADDRESS_____
DATES OF EMPLOYMENT: FROM: MO/YR_____
TO: MO/YR_____
TOTAL HOURS PER WEEK:_____
TOTAL HOURS PER YEAR:_____
DETAIL OF WORK PERFORMED:_____
MAY WE CONTACT THIS EMPLOYER: ☐Yes ☐No**4. EMPLOYER:**_____
PRESENT OR LAST EMPLOYER_____
YOUR TITLE_____
COMPLETE ADDRESS_____
DATES OF EMPLOYMENT: FROM: MO/YR_____
TO: MO/YR_____
TOTAL HOURS PER WEEK:_____
TOTAL HOURS PER YEAR:_____
DETAIL OF WORK PERFORMED:_____
MAY WE CONTACT THIS EMPLOYER: ☐Yes ☐No_____
Board Members Denying Application

(please initial)

Date: _____

Reason for Denial:

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

ATTACH A PHOTO OF YOURSELF

Signature of Applicant_____
Date